

Mortgage Loan Originator Registration

A registration fee of \$100.00 per mortgage loan originator must accompany this form

The Mortgage Licensee/Registrant must complete both sides of this form if it employs one or more mortgage loan originators. The form is not to be completed by the mortgage loan originator. Please read instructions page before completing this form.

Name of Mortgage Licensee or Registrant _____

Address _____
(Street, City, State, Zip)

License or Registration # _____ **Telephone:** _____

I hereby certify that all information on this registration form is true and correct.

**Signature and Title of Managing Principal
of Mortgage Licensee or Registrant**

Subscribed and sworn to before me on

this _____ day of _____, _____. (Notary Seal)

Notary _____

My Commission Expires _____

Please make check payable to TN Department of Financial Institutions.

Please return completed form(s) and fee to: TN Department of Financial Institutions

Compliance Division

Attn: Registrations

511 Union Street, 4th Floor

Nashville, TN 37219



Please provide the information requested below for each individual applying for registration as a mortgage loan originator. Be sure to provide full residential and office addresses for each individual. If necessary, make additional copies of this page. An electronic file is acceptable and preferred.

(Please type or print legibly)

1. ☐ New ☐ Renewal _____
(First Name) (MI) (Last Name)
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____

2. ☐ New ☐ Renewal _____
(First Name) (MI) (Last Name)
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____

3. ☐ New ☐ Renewal _____
(First Name) (MI) (Last Name)
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____

4. ☐ New ☐ Renewal _____
(First Name) (MI) (Last Name)
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____

5. ☐ New ☐ Renewal _____
(First Name) (MI) (Last Name)
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____

6. ☐ New ☐ Renewal _____
(First Name) (MI) (Last Name)
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____

